

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		State File No. 150	
1. PLACE OF DEATH							
County... Maricopa		State... ARIZONA		Registered No. 18			
Township... Phoenix		or Village...		No. St. Joseph's Hospital		Ward	
(If death occurred in a hospital or institution, give its NAME instead of street and number)							
Length of residence in city or town where death occurred 20 yrs. mos. da. How long in U. S. if of foreign birth yrs. mos. da.							
2. FULL NAME Otha Orion McKnight							
How long in State when death occurred 120 yrs. mos. da.							
(a) Residence: Rt. 9, Box 544, Phoenix, (Usual place of abode)							
(If non-resident give city or town and state)							
PERSONAL AND STATISTICAL PARTICULARS							
3. SEX Male		4. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Halsie McKnight							
6. DATE OF BIRTH (month, day, and year) April 26, 1887							
7. AGE Years 52		Months 8		Days 8		If LESS than 1 day, hrs. or min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.							
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer							
10. Date deceased last worked at this occupation (month and year)							
11. Total time (years) spent in this occupation							
12. BIRTHPLACE (city or town) (State or Country) Rose Hill, Kansas							
13. NAME Thomas I. McKnight							
14. BIRTHPLACE (city or town) (State or Country) Ohio							
15. MAIDEN NAME Rebecca Morse							
16. BIRTHPLACE (city or town) (State or Country) Ohio							
17. INFORMANT Mrs. Halsie McKnight, wife. (Address) Rt. 9, Box 544, Phx.							
18. BURIAL, CREMATION, OR REMOVAL Burial Place Greenwood Date 1-5-40, 19							
19. EMBALMER License No. 235-A Signature Stanley Clegg. FUNERAL DIRECTOR A. L. Moore & Sons, Phoenix, Arizona. Address							
20. Filed June 6, 1940 Registrar (Address) Phoenix, Arizona							
MEDICAL CERTIFICATE OF DEATH							
21. DATE OF DEATH (month, day, and year) Jan. 4th, 1940							
22. I HEREBY CERTIFY that I attended deceased from Dec 18th, 1939, to Jan 4th, 1940. I last saw him alive on Jan 3rd, 1940. death is said to have occurred on the date stated above, at A. M.							
The principal cause of death and related causes of importance, as follows: Hyper nephroses, Kidney, Diabetes, Nephroses, 12/12/39. Diabetes, 12/12/39. Cause of Death, Jan 3, 1940. Nephroses, 12/12/39.							
Other contributory causes of importance: Name of physician Date of death							
What test confirmed diagnosis? Was there an autopsy?							
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide Date of injury, 19							
Where did injury occur? (Specify city or town, county and State)							
Specify whether injury occurred in industry, in home, or in public place							
Manner of injury							
Nature of injury							
24. Was disease or injury in any way related to occupation of deceased? No.							
If so, specify (Signed) (Address)							